
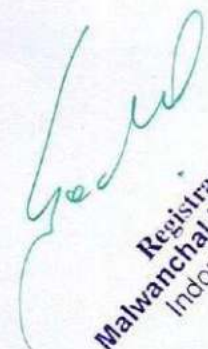


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Electives allotted to MBBS Admission Batch 2020

Merit No.	STUDENT NAME	Block 1
	<b>Applied Neuroanatomy</b>	<b>Dr. G.P.Pal</b>
1	AADI MISHRA	
2	GAURI GARG	
3	SEJAL INDORIYA	
4	SHIVANI SUNHARE	
5	AAKANKSHA	
6	MRINAL JAIN	
7	GAUTAM SAMAIYA	
	<b>Applied Anatomy of Ocular region</b>	<b>Dr. Vimal Modi</b>
1	SHRUTI RAI	
2	MONIKA KAG	
3	NEHA CHOUDHARY	
4	VIDHI CHOUBEY	
5	NEERAJ NAGAR	
6	NITESH RAWAT	
7	SACHIN TIWARI	
	<b>Medical Genetics</b>	<b>Dr. Avantika S. Bamne</b>
1	AAKRITI SINGH	
2	SAKSHAM SAHU	
3	RAJVARDHAN MALVIYA	
4	DAKSH GAHLOT	
5	MUKESH YADAV	
6	SHANTANU MISHRA	
7	VISHAL KANATHE	
	<b>Surgical Anatomy of Thoracic cavity</b>	<b>Mr. Natwar Lal Gaur</b>
1	KHUSHI KATARIYA	
2	CHINMAYEE BHAWSAR	
3	HIMANSHU JOHAR	
4	RISHIKA BINORIYA	
5	ADITYA CHOUDHARY	
6	HARSH BHADORIYA	
7	SURAKSHA CHOUHAN	
	<b>Surgical Anatomy of Abdomen</b>	<b>Dr. Akansha Sharma</b>
1	SUHANI RAGHUWANSHI	
2	PARAG KELWA	
3	RITIK AGRAWAL	
4	VIRAJ MANDLOI	
5	RICHA SINGH TOMAR	
6	ROHIT SINGH	
7	GOLU VARMA	
	<b>Physiology of Hemostasis</b>	<b>Dr. Manila Jain</b>
1	SHIVANI CHOUDHARI	
2	MUSKAN GUPTA	
3	PUHUP NAYAK	
4	SHRIYA NANDKISHORE DODANI	
5	SHREYANSH SEN	

  
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6	RIYA NIRMAL	
7	REEMA BRAJWASI	
<b>Physiological basis of clinical examination</b>		<b>Dr. Ashutosh Jain</b>
1	SANJAY SINGH	
2	EKHLAKH DANISH	
3	PRADUMAN SINGH	
4	PRAKASH JATAV	
5	PRAVEEN SAKET	
6	ARPIT HADA	
7	SHIVAM BAJAJ	
<b>Neuro-physiology</b>		<b>Dr. Ashok Kalra</b>
1	PRIYANKA SINGH SUMAN	
2	SNEHA PRAJAPATI	
3	GOURAV SONWANE	
4	SAMARTH TIWARI	
5	PRIYANSHI	
6	SANDHYA UIKEY	
7	HOSHANK VERMA	
<b>Basics of Electro cardiogram</b>		<b>Dr. Priyanka pandey</b>
1	RIYANSHI BAGESHWAR	
2	KANCHAN UPADHYAY	
3	INGOLE YUGANDHAR PRAMOD	
4	HETA DARSHAKKUMAR SHROFF	
5	PRIYA VAISH	
6	HIMANSHI PATLE	
7	NITESH GOUR	
<b>Yoga(asanas)</b>		<b>Dr. shrikrishna bamne</b>
1	MITI AGRAWAL	
2	YASHIKA SAHU	
3	VISHAL RAI	
4	HANSRAJ MALGAYA	
5	AARYAN SHIVAHARE	
6	ANJALI MAHESHWARI	
7	DINESH	
<b>Lab quality control in Biochemistry</b>		<b>Dr. Shreya Nigoskar</b>
1	KHUSHBU RAMCHANDANI	
2	ABHINAV SIKARWAR	
3	SHALINI SINGH	
4	HIMANSHU GUPTA	
5	ARJUN DHAKAD	
6	SHUBHAM BHALOT	
7	ROHAN PATIDAR	
<b>Sample collection for Biochemical Investigati</b>		<b>Dr Sonali Kalvade</b>
1	SAURABH DHAKAD	
2	RAJPAL SINGH	
3	AMBAR MITTAL	
4	VANSH KUMAR MEENA	
5	KIRTI SHARMA	
6	SHUBHAM PATIDAR	
7	SACHIN PATIDAR	

  
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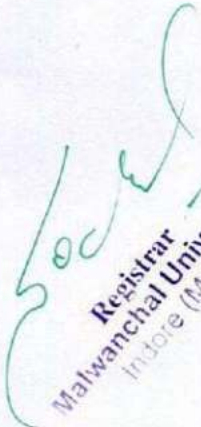
	<b>Basics of Chromatography &amp; ELISA</b>	<b>Dr.Zainab Khan</b>
1	VINOD GAUD	
2	SURENDRA RAI	
3	MANAV SIRVI	
4	ADITYA MEENA	
5	GANESH KOTHARI	
6	VAIBHAV TOMAR	
7	SAKSHI JOSHI	
	<b>Biochemical Assesment of Metabolic Syndro</b>	<b>Dr Gyanendra Yadav</b>
1	DHARMVEER KUMAR MISHRA	
2	ASHISH KUMAR SAHU	
3	NEHA MORI	
4	NIDHI BARAIYA	
5	SUSMITA MARKAM	
6	ANJALI JAIN	
7	HEMANT MAHORE	
	<b>Biochemical tests to assess cardiac function</b>	<b>Dr.Jaya Jain</b>
1	PANKAJ PATIDAR	
2	RINHAYAT ASHISH TURENDRA	
3	ANJALI JAT	
4	ANITA SHARMA	
5	DURGESH HADA	
6	PRAVESH ALAWE	
7	RUPANSHI MANDLOI	
	<b>Fully auto analyzer &amp; its utility in clinical prac</b>	<b>Dr.Sonali Mishra</b>
1	SNEHA SINGH	
2	MOHIT PATIDAR	
3	SARTHAK GUPTA	
4	ANSHUL VERMA	
5	SOMYA CHANDALIYA	
6	SONAM WARKADE	
7	LEELA KANESH	
	<b>Clinical Pathology</b>	<b>Dr. Sanjeev Narang</b>
1	GUNJEET KUMAR DEHARIYA	
2	RIDDHI JAIN	
3	ARYAN PATEL	
4	AYUSH JAISWAL	
5	AASHAY JAIN	
6	SHAIFALI BHIME	
7	SOURABH SHUKLA	
	<b>Hematology</b>	<b>Dr. V K Jain</b>
1	ANSHIKA SINGH	
2	RAJUL GUPTA	
3	ASHINA KHAN	
4	KRISHNA DUBEY	
5	KAJAL BHANWAR	
6	KHUSHBU BAHETI	
7	PRIYA DWIVEDI	
	<b>Functioning of Blood Bank</b>	<b>Dr. Rahul Karode</b>

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1	SHRADDHA CHATURVEDI	
2	GULABSINGH BAGHEL	
3	AYUSHI SARAOGI	
4	DEVI SINGH CHAWDA	
5	Jay choudhary	
6	Kavita Gokar	
7	Chanchal Paliwal	
	<b>Quality control of Hematology Lab</b>	<b>Dr. Romi Srivastava</b>
1	SHUBHI AGRAWAL	
2	AAFRIN KHAN	
3	KANAK TOMAR	
4	VIVEK KUSHWAHA	
5	MEHVISH GULTAB KHAN	
6	MAHADEV PATIDAR	
7	KAWALKA PANWAR	
	<b>Histopathology</b>	<b>Dr. Anjali Singh</b>
1	RAJAT NINGWAL	
2	ARUN	
3	HARISH BELWANSHI	
4	OMPRAKASH PATEL	
5	PANKAJ KUMAR	
6	Anuroop	
7	PRIYANKA MUWEL	
	<b>Functioning of Central Research Laborator</b>	<b>Dr Astha Dawani</b>
1	DIVYA MAHULE	
2	HRIK RAGHUWANSHI	
3	RITIKA MEHAR	
4	NARMADA NALWAYA	
5	SANDEEP KATARE	
6	NANDITA SINGH	
7	VIDHYA NIRALE	
	<b>Specimen collection in Microbiology</b>	<b>Dr. Mamta Sharma</b>
1	DEEPAK DOGAYAN	
2	DARSHAN RATHOD	
3	CHANCHAL SHARMA	
4	AYUSH DEHARIYA	
5	KARISHMA CHOUHAN	
6	SHIVANGI GUPTA	
7	RAJESH LOVEVANSHI	
	<b>Infection Control: Microbiology purview</b>	<b>Dr.Sachin Mshra</b>
1	RUCHI PRATHYANI	
2	KANISHKA BAJAJ	
3	MEGHNA PARIHAR	
4	SWASTI KATLANA	
5	DEVYANI RATHORE	
6	MANISH KARODA	
7	PALAK SHARMA	
	<b>Laboratory experience:Virology</b>	<b>Dr. Ramnath K.</b>
1	MUSKAN SURYAWANSHI	
2	AKANKSHA GUPTA	

*Sachin*  
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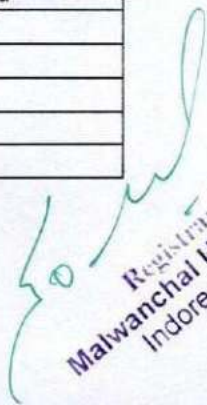
3	AARYA YADAV	
4	BHAVESH JAIN	
5	MAHAK PODDAR	
6	KARISHMA CHOUHAN	
7	AVADHI CHOUHAN	
	<b>Research in concern with antibodies</b>	<b>Mr. Rajkumar Khatri</b>
1	SAKINA PANBIHARWALA	
2	SAKINA LOHAWALA	
3	YATHARTH MANAWAT	
4	RITIKA BAGUL	
5	TANU PANDEY	
6	HRIK RATHORE	
7	ANKIT BIRLA	
	<b>Immunological tests</b>	<b>Mr. Devendra Choudhary</b>
1	VIKAS SABNANI	
2	SAMIKSHA AGRAWAL	
3	SUHANI GUPTA	
4	NAMIT	
5	ANKUR JAIN	
6	SAKSHI GUPTA	
7	VARDHAMAN JAIN	
	<b>Pharmacovigilance</b>	<b>Dr. Preeti Pardeshi</b>
1	VIRAJ PATIDAR	28
2	SUNIL RATHOD	
3	PRACHI PARIHAR	
4	RAJESH	
5	SURAJ SOLANKI	
6	VISHITA VISHAL NAKU	
7	KULDEEP YADAV	
	<b>Therapeutic audit</b>	<b>Dr. Prem Nyati</b>
1	DEEPAK PRATAP SINGH	
2	SHUBHAM PATIDAR	
3	KAJAL ASKEY	
4	ISHA SHARMA	
5	RAJENDRA	
6	RAGHUVANSHI RIDDHI MUKESH	
7	LANKA MUJALDE	
	<b>Ayurveda as Complimentary Medicine</b>	<b>Dr. Akash Vishwe</b>
1	SHIVANI KUSHWAHA	
2	POOJA CHANDEL	
3	ROMIL SINGH BHADOURIA	
4	APOORVA SINGH	
5	PRIYANKA PRAJAPATI	
6	AMIT SHARMA	
7	ANUSH MITTAL	
31	<b>School Health</b>	<b>Dr. AARTI SAHASRABUDDHE</b>
1	SOHANSINGH VASUNIYA	
2	SAWAN KUMAR NINGWAL	
3	SHAILY SHRIVASTAV	

  
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Merit No.	STUDENT NAME	Block 2
1	<b>Pre Anaesthetic checkup</b>	<b>Dr. Sangeeta Bansal Agarwal</b>
1	NITESH RAWAT	
2	SUHANI RAGHUWANSHI	
3	KAJAL BHANWAR	
4	SAKSHI GUPTA	
5	VIRAJ MANDLOI	
2	<b>Monitoring during Anaesthesia</b>	<b>Dr. Mahendra Vangani</b>
1	SHRUTI RAI	
2	NEHA CHOUDHARY	
3	NEERAJ NAGAR	
4	SAKINA LOHAWALA	
5	SUHANI GUPTA	
3	<b>OPD procedures in Dermatology</b>	<b>Dr. P.Sharma</b>
1	PRIYA VAISH	
2	KHUSHBU RAMCHANDANI	
3	ABHINAV SIKARWAR	
4	HIMANSHU GUPTA	
5	ARJUN DHAKAD	
4	<b>Diagnostic procedures in Dermatology</b>	<b>Dr. A.Shah</b>
1	PUHUP NAYAK	
2	SHREYANSH SEN	
3	REEMA BRAJWASI	
4	SAURABH DHAKAD	
5	RAJPAL SINGH	
5	<b>Bioethics in Dermatolgy</b>	<b>Dr. S.S.Bhati</b>
1	DAKSH GAHLOT	
2	PRADUMAN SINGH	
3	AMBAR MITTAL	
4	VANSH KUMAR MEENA	
5	KIRTI SHARMA	
6	<b>Clinical Ethics in ENT practice</b>	<b>Dr Chhavi Agrwal</b>
	NEHA PIPLIYA	
	ANJU	
8	<b>Endocrinology</b>	<b>Dr.Abhuday Verma</b>
1	RICHA SINGH TOMAR	
2	PRIYA DWIVEDI	
3	KANAK TOMAR	
4	DIVYA MAHULE	
5	KRISHNA DANDOTIYA	
9	<b>Emergency Medicines</b>	<b>Dr.Sudhir Mourya</b>
1	RIYANSHI BAGESHWAR	
2	SHRADDHA CHATURVEDI	
3	MUSKAN SURYAWANSHI	
4	AKANKSHA GUPTA	
5	SHIVANI KUSHWAHA	

  
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10	<b>Nephrology</b>	<b>Dr.Rahul Shukla</b>
1	AYUSH DEHARIYA	
2	YATHARTH MANAWAT	
3	RITIKA BAGUL	
4	TANU PANDEY	
5	ANKIT BIRLA	
11	<b>Neurology</b>	<b>Dr.K.S.Rawat</b>
1	SEJAL INDORIYA	
2	SHIVANI SUNHARE	
3	AAKANKSHA	
4	MAHAK PODDAR	
5	POOJA CHANDEL	
12	<b>Casualty and Medico-legal concern</b>	<b>Dr.Abha Pandit</b>
1	AADI MISHRA	
2	GAURI GARG	
3	ANSHIKA SINGH	
4	RUCHI PRATHYANI	
5	KANISHKA BAJAJ	
13	<b>Gastroenterology</b>	<b>Dr.Ajay Kumar Singh</b>
1	GUNJEET KUMAR DEHARIYA	
2	AYUSH JAISWAL	
3	AASHAY JAIN	
4	HRITIK RATHORE	
5	ARYAN PATEL	
14	<b>Infectious Diseases</b>	<b>Dr.Bushra Khanam</b>
1	ADITYA CHOUDHARY	
2	ROHIT SINGH	
3	SHRIYA NANDKISHORE DODANI	
4	SHALINI SINGH	
5	ASHINA KHAN	
15	<b>Rheumatology</b>	<b>Dr.Deepak Sharma</b>
1	SACHIN TIWARI	
2	GOLU VARMA	
3	SAMARTH TIWARI	
4	NITESH GOUR	
5	AARYAN SHIVAHARE	
16	<b>Respiratory Medicine</b>	<b>Dr. Priyanka Agrwal</b>
1	RAJVARDHAN MALVIYA	
2	PRAKASH JATAV	
3	GOURAV SONWANE	
4	PANKAJ PATIDAR	
5	ANJALI JAT	
17	<b>Contraception</b>	<b>Dr. Deepika Verma</b>
1	VIRENDRA MUWEL	
2	SOHANSINGH VASUNIYA	
3	SAWAN KUMAR NINGWAL	
4	KAVITA GOLKAR	
5	KANISHK SINGH	
19	<b>Care of post-operative patents in OBG</b>	<b>Dr Neelam Bagwale</b>
1	PRACHI PARIHAR	
2	ISHAN PALI	

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3	ISHA SHARMA	
20	Conduction of Normal Labor	Dr .Pooja Jain
1	SURAKSHA CHOUHAN	
2	HIMANSHI PATLE	
3	KHUSHBU BAHETI	
4	AAFRIN KHAN	
5	KAWALKA PANWAR	
21	Induction and Augmentation of Labour	Dr.Namrata Srivastava
1	VISHAL RAI	
2	LEELA KANESH	
3	VIVEK KUSHWAHA	
4	YASHIKA SAHU	
5	MEHVISH GULTAB KHAN	
22	Assessment and Examination of ANC	Dr.Veena Vangani
1	SAKSHI JOSHI	
2	NEHA MORI	
3	SUSMITA MARKAM	
4	SONAM WARKADE	
5	VISHITA VISHAL NAKU	

23	Medicines used in Obstetrics Emergencies	Dr. Deepti Gupta
1	SARTHAK GUPTA	
2	RITIKA MEHAR	
3	NARMADA NALWAYA	
4	SANDEEP KATARE	
5	ARTI MAHAWAR	
24	Conditions requiring blood transfusion in	Dr.Rekha Agrwal
1	RISHIKA KHOBRE	
2	RADHA CHOUDHARI	
3	ANURUP	
4	MOHD.SHADAB KHAN	
25	OPD procedures in Ophthalmology	Dr Swati saxena
1	SHUBHAM PATIDAR	
2	KAJAL ASKEY	
3	SHAILY SHRIVASTAV	
4	Anshuli Mahajan	
5	KAUSTUBH SURYAWANSHI	
26	Evaluation of Dry Eyes	Dr. Nitesh Pancholi
1	RAJESH	
2	AKSH PATIDAR	
27	Visual acuity assessment	Dr. U.S.Tiwari
1	HEMANT MAHORE	
28	Community outreach Cataract screening	Dr Sudhir Mahashabde
1	KRISHNAKANT GOSWAMI	
2	SUNIL RAWAT	
3	PUSHPA DAWAR	
4	SANDHYA SOLANKI	
29	Clinical ethics in Ophthalmology	Dr. Sonalee Mittal
1	EKHLAKH DANISH	
2	MANISH KARODA	
3	KARISHMA CHOUHAN	

4	ANKUR JAIN	
5	DEEPAK PRATAP SINGH	
31	Management of Fracture	Dr. S.A. Mustafa
1	HIMANSHU JOHAR	
2	PARAG KELWA	
3	RITIK AGRAWAL	
4	SAMIKSHA AGRAWAL	
5	VARDHAMAN JAIN	
32	Recent Advances in Fracture management	Dr. Abhay Manchanda
1	Sumit Pal Ranjan	
33	Complication of fractures	Dr. A.S Thakur
1	DINESH	
2	VINOD GAUD	
3	DHARMVEER KUMAR MISHRA	
4	SOURABH SHUKLA	
5	AMIT SHARMA	
34	Hand Injuries	Dr. Jugar Hamid
1	SONITA TARWALA	
2	MAHESH SURANA	
3	VINOD BAGHEL	
35	Injuries around elbow	Dr.Rakesh Solanki
1	PRAVEEN SAKET	
2	HOSHANK VERMA	
3	VIRAJ PATIDAR	
4	ROMIL SINGH BHADOURIA	
5	CHANCHAL PALIWAL	
36	Infections of Hand	Dr. Prasaht
1	JAY CHOUDHARI	
2	MUKUL KATIA	
38	Fracture in Children	Dr.Sunil Patidar
1	SHUBHAM BHALOT	
2	ROHAN PATIDAR	
3	VAIBHAV TOMAR	
4	MOHIT PATIDAR	
5	ANSHUL VERMA	
40	Vaccination in Children	Saurabh Piparsaniya
1	ANJALI MAHESHWARI	
2	SURENDRA RAI	
3	SOMYA CHANDALIYA	
4	KARISHMA CHOUHAN	
5	RAJESH LOVEVANSHI	
41	Assesment of growth & Development of	Pryinka Jain
1	KANCHAN UPADHYAY	
2	RUPANSHI MANDLOI	
3	VIDHYA NIRALE	
4	BHAVESH JAIN	
5	KULDEEP YADAV	
42	Neonatology	Dr.Swati Prashant
1	MEGHNA PARIHAR	
2	SWASTI KATLANA	
3	AARYA YADAV	

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4	SAKINA PANBIHARWALA	
5	VIKAS SABNANI	
43	Care of PICU patient	Dr Naikey Minarey
1	MRINAL JAIN	
2	RIDDHI JAIN	
3	RAJUL GUPTA	
4	PALAK SHARMA	
5	NAMIT	
44	Community Paediatrics	Dr.Anuradha Jain
1	ANJALI JAIN	
2	GULABSINGH BAGHEL	
3	AYUSHI SARAOGI	
4	Rajendra	
5	OMPRAKASH PATEL	
45	Coginitive behavioural therapy	Dr Souran Sardesai
1	ASHISH KUMAR SAHU	
2	NIDHI BARAIYA	
3	NANDITA SINGH	
4	ANUSH MITTAL	
5	Sachin Patidar	
46	How to code DSM V	Dr. Harman Pal Singh
1	HETA DARSHAKKUMAR SHROFF	
2	LANKA MUJALDE	
47	Psychological test	Dr. R.G. Razdan
1	DEVI SINGH CHAWDA	
2	PRIYANKA MUWEL	
3	RAGHUVANSHI RIDDHI MUKESH	
4	PUSHPA MUNIA	
5	APOORVA SINGH	
48	National Tuberculosis Elimination Program	Dr. Kumar Girendra
1	SANJAY SINGH	
2	RINHAYAT ASHISH TURENDRA	
3	ANITA SHARMA	
4	DURGESH HADA	
5	PRAVESH ALAWE	
49	Clinical Ethics in Pulmonary Medicine	Dr.Sudarshan Gupta
1	PRIYANSHI	
2	MANAV SIRVI	
3	ADITYA MEENA	
4	GANESH KOTHARI	
5	SURAJ SOLANKI	
50	Diagnostic procedures in Pulmonary	Dr Sunil Mukati
1	ARPIT HADA	
2	NIKESH	
3	NIDHI BADWAL	
4	SUNIL DAWAR	
51	Basics of X-rays	Dr Bushita Guru
1	MONIKA KAG	
2	VIDHI CHOUBEY	
3	KHUSHI KATARIYA	
4	CHINMAYEE BHAWSAR	

  
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5	RISHIKA BINORIYA	
6	KRISHNA DUBEY	
52	Basics of USG	Dr. sheetal singh
1	MAHADEV PATIDAR	
2	DEEPAK DOGAYAN	
3	DARSHAN RATHOD	
4	CHANCHAL SHARMA	
5	PRIYANKA PRAJAPATI	
53	Basics of computed tomography(CT)	Dr. Amlendu nagar
1	INGOLE YUGANDHAR PRAMOD	
2	SNEHA SINGH	
3	RAJAT NINGWAL	
4	ARUN	
5	AVADHI CHOUHAN	
54	Neurosurgery	Dr Kshitiz Nigam
1	GAUTAM SAMAIYA	
2	HARSH BHADORIYA	
3	SHIVANI CHOUDHARI	
4	MUSKAN GUPTA	
5	SHUBHI AGRAWAL	
56	Post operative surveillance	Dr. Atul Vyas
1	MUKESH YADAV	
2	SHANTANU MISHRA	
3	SHIVAM BAJAJ	
4	PRIYANKA SINGH SUMAN	
5	SANDHYA UIKEY	
58	Onco-surgery	Dr. Amit Katlana
1	RIYA NIRMAL	
2	SNEHA PRAJAPATI	
3	MITI AGRAWAL	
4	HANSRAJ MALGAYA	
5	SHAIFALI BHIME	
6	SHIVANGI GUPTA	
7	SUNIL RATHOD	
59	Pre-operative Assesment	Dr Sanjay Patidar
1	VIRAJ MANDLOI	
2	HRITIK RAGHUWANSHI	
3	DEVYANI RATHORE	
4	SHUBHAM PATIDAR	
60	Vascular Surgery	Dr. Anil Bakshi
1	VISHAL KANATHE	
2	PANKAJ KUMAR	
61	Urosurgery	Dr. Neelesh Guru
1	AAKRITI SINGH	
2	SAKSHAM SAHU	
3	HARISH BELWANSHI	

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## Index Medical College, Indore, M.P., India



### Department of Anatomy Student's Log Book Elective Module Block-1 Neuroanatomy

Student's name: GAURI GARGI

Date of Admission / Joining: 6-03-24

Name of Preceptor: Dr. G.P. PAL

Name of Head of Department: Dr. Vimal Modi




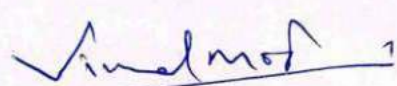
*Sodhan*  
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**DEPARTMENT OF**  
**ANATOMY**  
Index Medical College,  
Indore 4520-- (M.P. - India)

**CERTIFICATE**


This is to certify that Mr./Miss GAURI GARG  
-----, has satisfactorily completed Electives Module  
Block-1, (title of the module: **NEUROANATOMY**)  
in the Department of Anatomy, from 06/03/2023 to  
21/03/2023 at Index Medical College, Indore as per  
Regulation of Graduate Medical Education amendment  
2019

  
Signature of Preceptor  
Department of Anatomy,  
Index Medical College  
Indore

  
Signature of HOD ,  
Index Medical College,  
Indore

Signature of Dean  
Index Medical College,  
Indore



  
Registrar  
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## Student's Personal Details & General instructions

Student's name: GAURI GARG

Date of Birth: 22 NOV 2001

Mobile no.: 7974512583

Blood Group - B +

Father's Name - GIRRAJ GARG

Mobile No.

Mother's Name - SAVITRI GARG

Mobile No.

Permanent address: KILA GATE, CHHOTA BAZAR, SHITLA GALI  
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### General Instructions:

- (1) This logbook is a record of the academic/co-curricular activities of the designated student, who would be responsible for maintaining it.
- (2) The student is responsible for getting the entries in the logbook verified by the faculty in charge regularly.
- (3) Entries in the log book will reflect the activities undertaken in the department & have to be scrutinized by the Head of the department.
- (4) At least 75% attendance is mandatory for the completion of elective block.
- (5) Reporting time is 2 pm in the department after which attendance will not be given.

Signature of Student:


*Gauri Garg*



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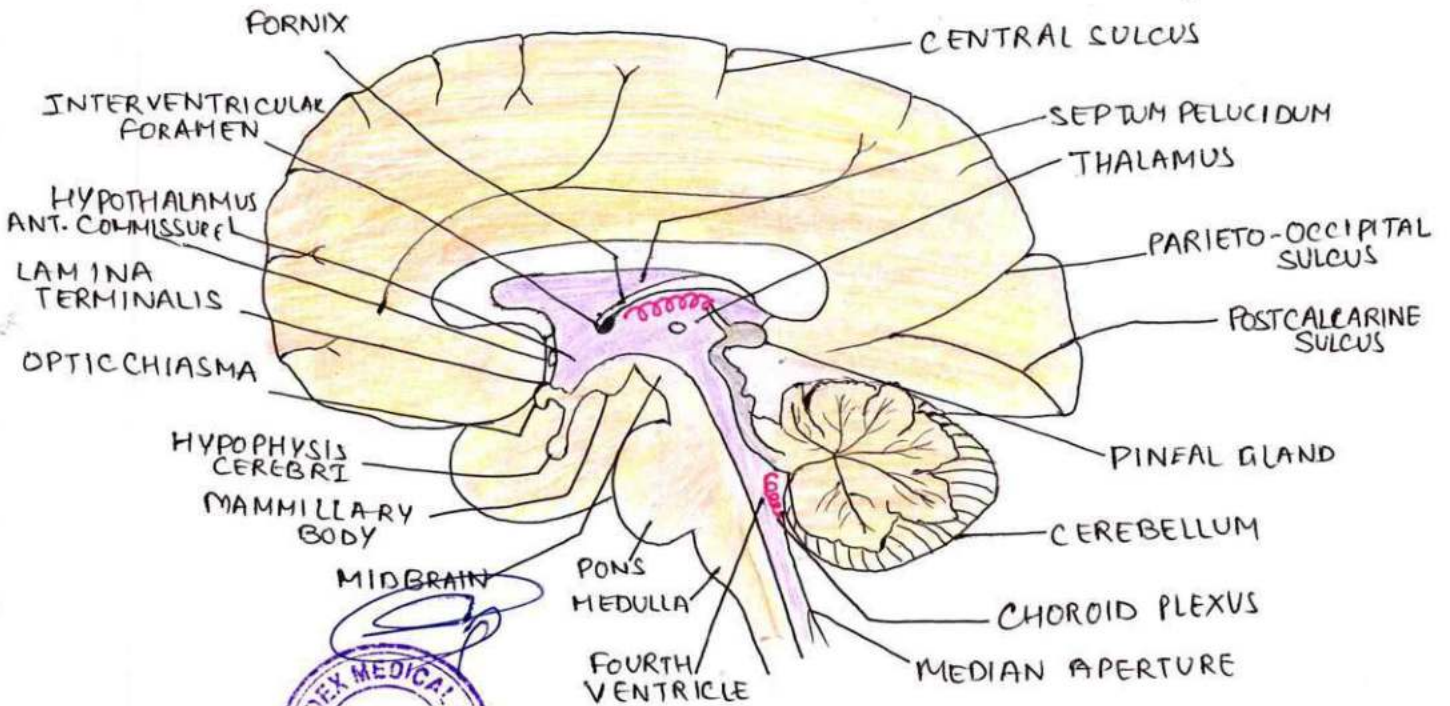
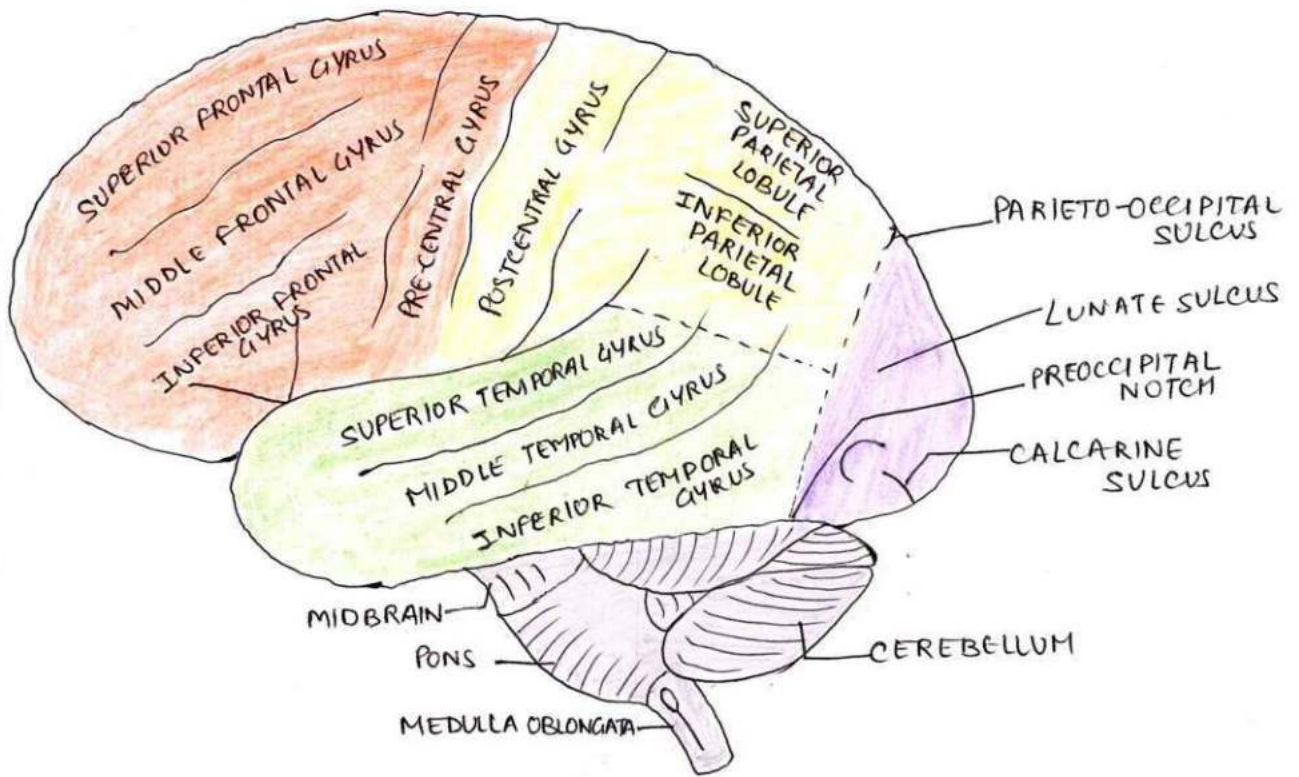


## Activity Log

Sr. No.	Specific Learning Objectives (SLO) completed	Date	Signature of Preceptor
1.	Gross anatomy of brain	7/3/24	
2.	Gross anatomy of spinal cord	9/3/24	//
3.	Ascending + descending tracts present in spinal cord	13/3/24	//
4.	Pyramidal tracts + their lesions	14/3/24	//
5.	Difference between pyramidal + extrapyramidal tracts	16/3/24	//
6.	cross section of spinal cord at level of thorax	18/3/24	//
7.	Nucleus of grey matter	19/3/24	//
8.	Hemisecton of spinal cord	20/3/24	//
9.	specimen study of brain + spinal cord.	21/3/24	//
10.	3		

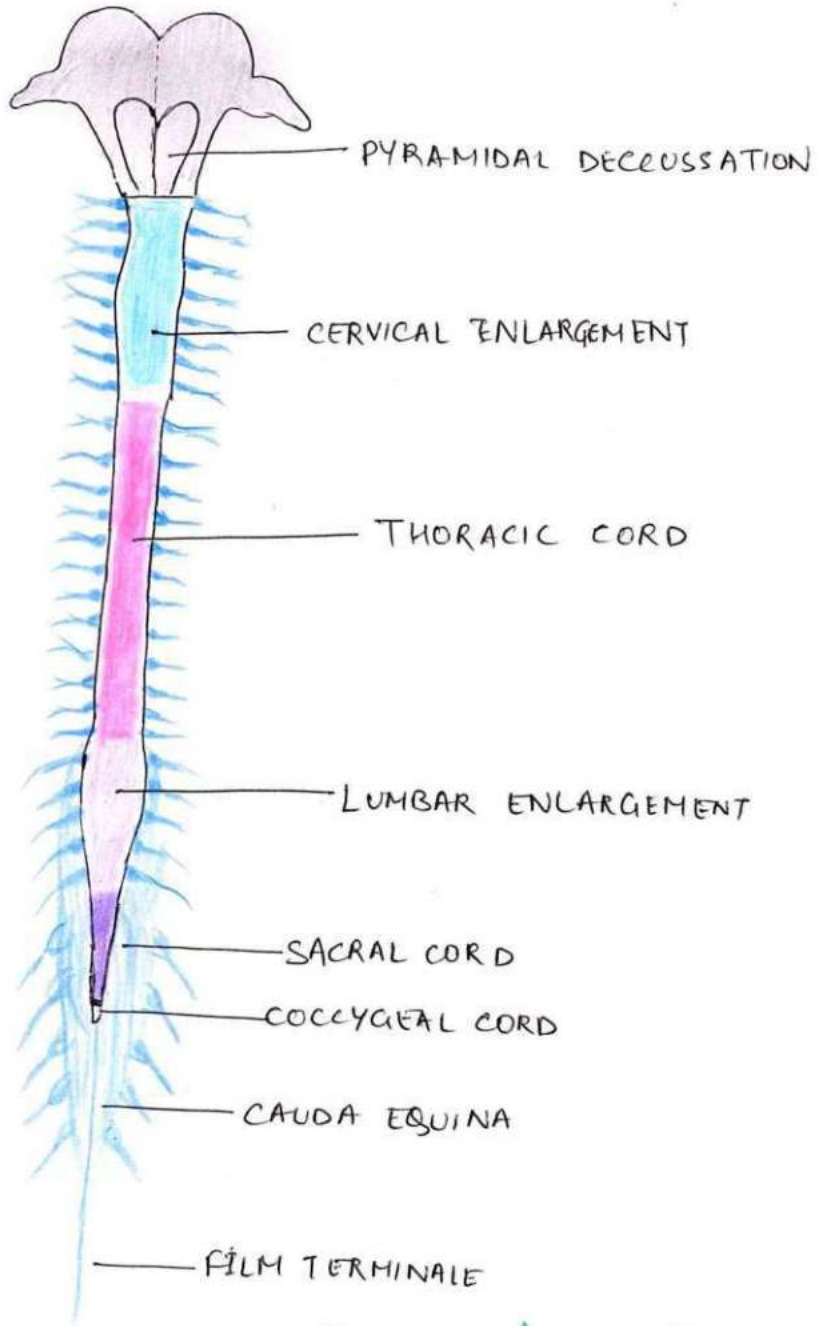


  
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OF BRAIN

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SPINAL CORD

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## Short Note on pyramidal tracts, course and its application

The pyramidal tracts carry impulses that regulate precise and voluntary muscular movements. The tracts consist of fibres that originate from motor cortex of cerebrum. The pyramidal tracts include

- Corticospinal
- Corticobulbar tracts

They form a part of motor pathway from brain to skeletal muscles consist of 2 sets of neurons.

→ The upper motor neuron is situated in the cerebral cortex. The axons project to various nuclei in brainstem and anterior horn cells at different levels of spinal cord through corticospinal tracts

→ The lower motor neurons are situated in brainstem and spinal cord & receive impulse from pyramidal tracts which is transmitted through them to skeletal muscle.

Thus pyramidal system controls voluntary movements of the body

This system is also called pyramidal as they occupy pyramidal of medulla

### Corticospinal tract

contains axons of Betz cells from precentral gyrus they descend through internal capsule → cerebral peduncle of midbrain → pons → medulla. In upper



part of medulla they form an elevation called medulla below which 75-90% fibres decussate and form lateral corticospinal tract of opposite side & remaining fibres descend down to form ventral corticospinal tract, which moves to another side at the level where it supplies the lower motor neuron.

### Lesions of Corticospinal tract

Any damage to Corticospinal is damage to upper motor neurons of pyramidal system. Lesions at internal capsule will result in contralateral hemiplegia. At spinal cord lesion will result in paralysis below the level of lesion.

- There is spasticity, increased knee jerk reflex, loss of superficial (cremasteric reflex) & positive babinski sign
- spasticity is due to loss of control over LMN & also result in increased knee jerk.
- After damage inhibitory effect is removed, resulting in dorsiflexion of toes on scratching of sole



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## PYRAMIDAL TRACTS

These consist of corticospinal (pyramidal tract) and corticonuclear (corticobulbar tracts).

They arise from the cerebral cortex (motor cortex)

They act on the anterior horn cells (both  $\alpha$  and  $\gamma$ -motor neurons)

Impulses reach to anterior horn cells directly from the cerebral cortex.

They are concerned with voluntary, skilled movements

Pyramidal tract lesions lead to increased muscle tone due to absence of control over anterior horn cells. Loss of skilled voluntary movements

The pyramidal system is comparatively recent in evolutionary origin.



## EXTRAPYRAMIDAL TRACTS

These consist of reticulospinal, tectospinal, rubrospinal, vestibulospinal and olivospinal tracts

They arise from the subcortical centres such as red nucleus, tectum, reticular formation, olivary nucleus and vestibular nuclei.

They also act on anterior horn cells (both  $\alpha$  and  $\gamma$ -motor neurons)

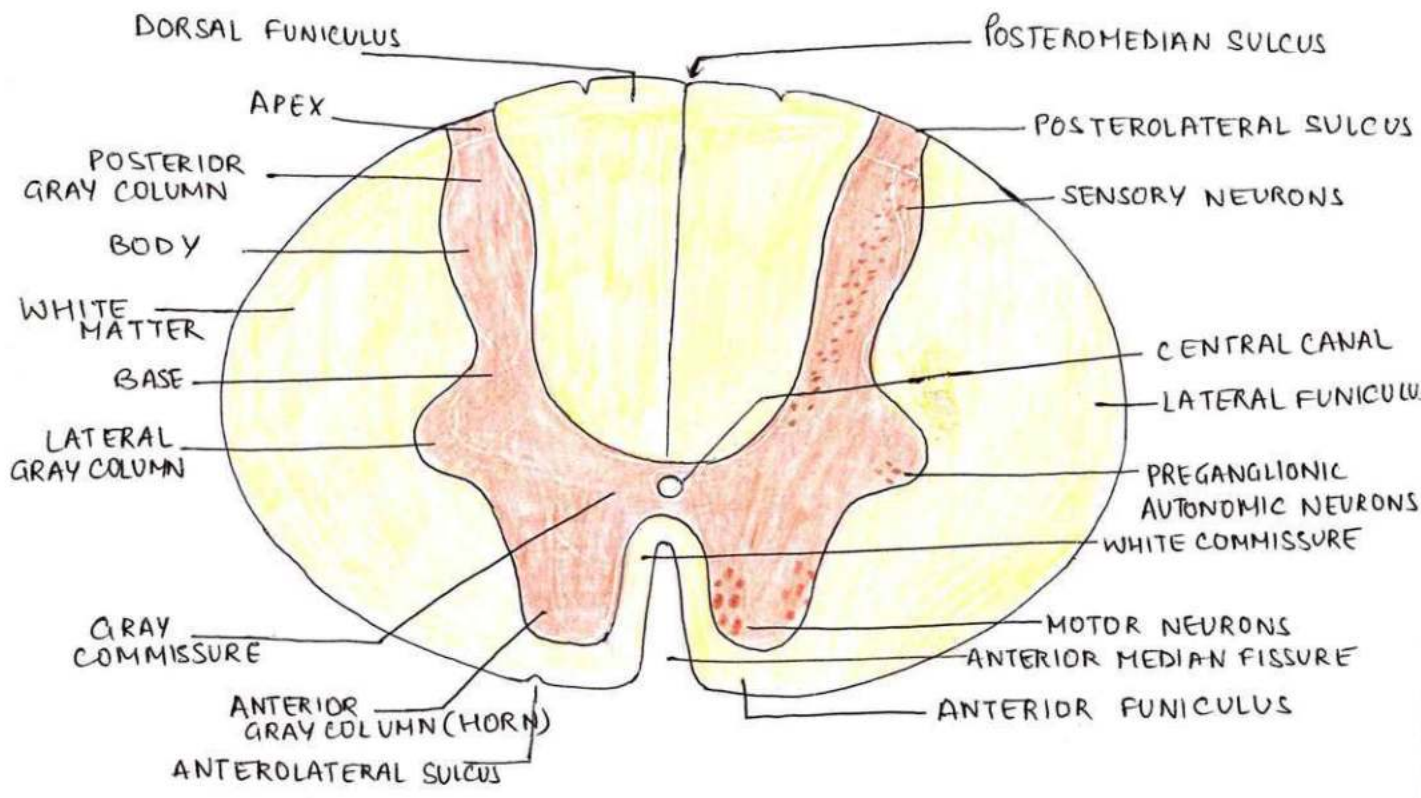
Nerve impulse conducted along indirect pathways follows a complex polysynaptic circuit that involves motor cortex, basal ganglia, limbic system, cerebellum & nuclei of brainstem.

They are mainly concerned with inhibition or facilitation of various flexors or extensor reflexes. They control muscle tone and maintain equilibrium.

Extrapyramidal tract lesions lead to spasticity (increased tone) and clasp knife rigidity

This system is older as compared to the pyramidal system.

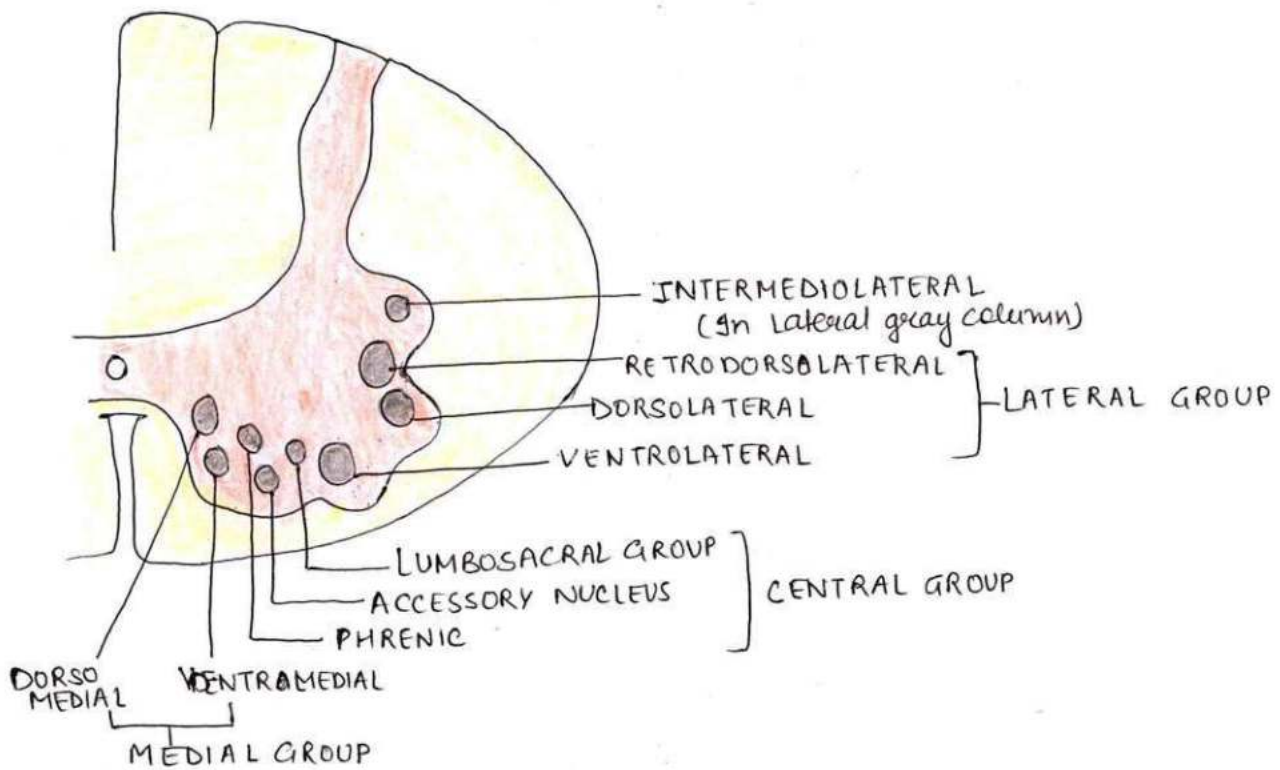
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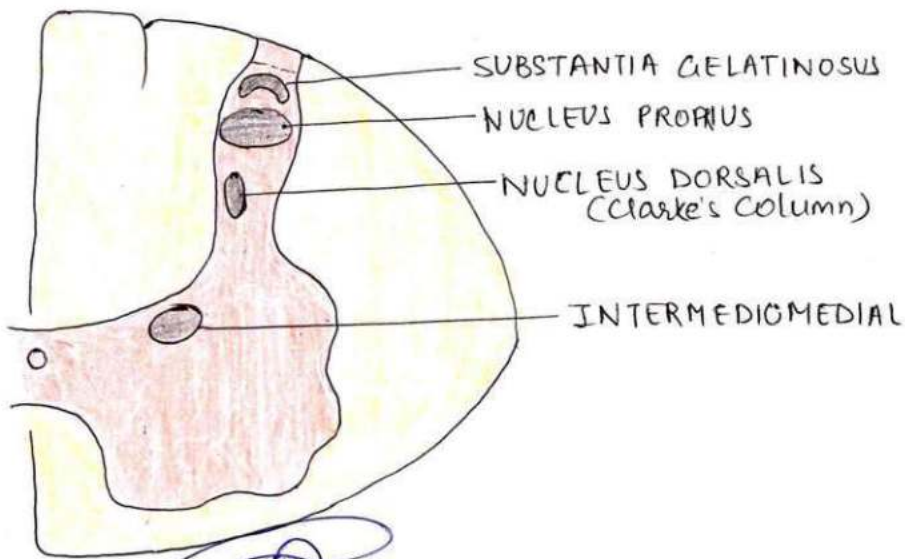
TRANSVERSE SECTION OF THE SPINAL CORD (AT THE THORACIC LEVEL)



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NERVE CELL GROUPS IN ANTERIOR & LATERAL GRAY COLUMNS

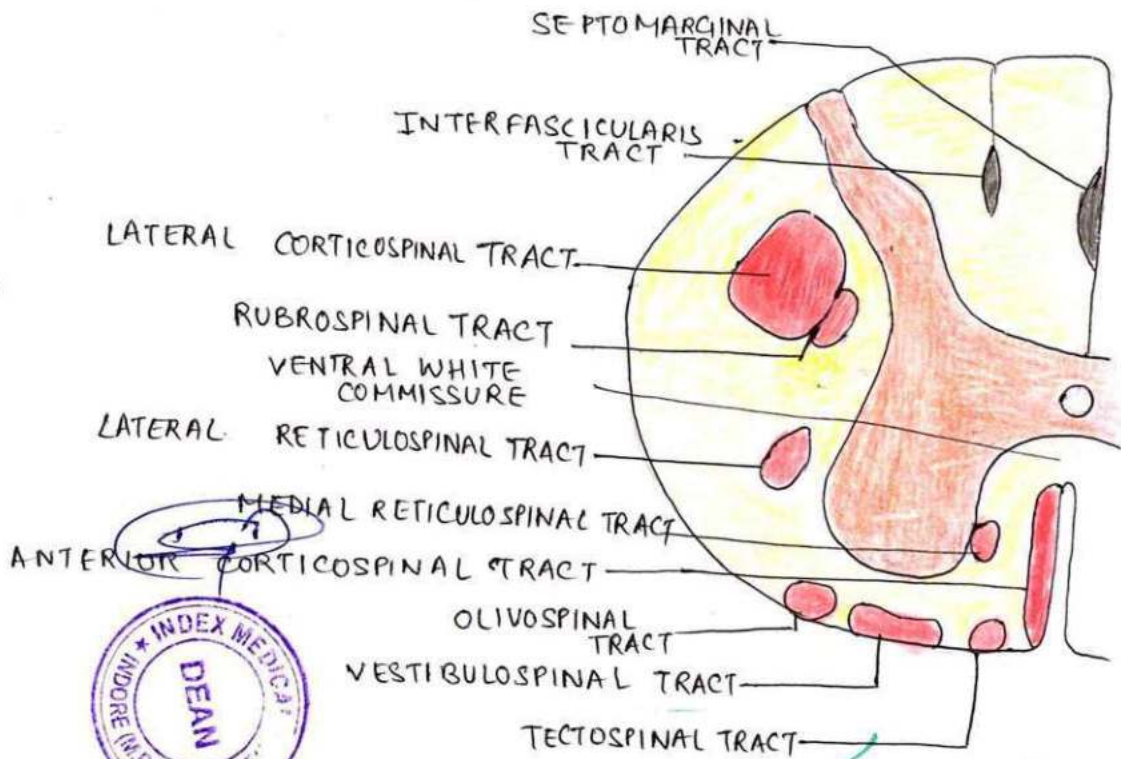
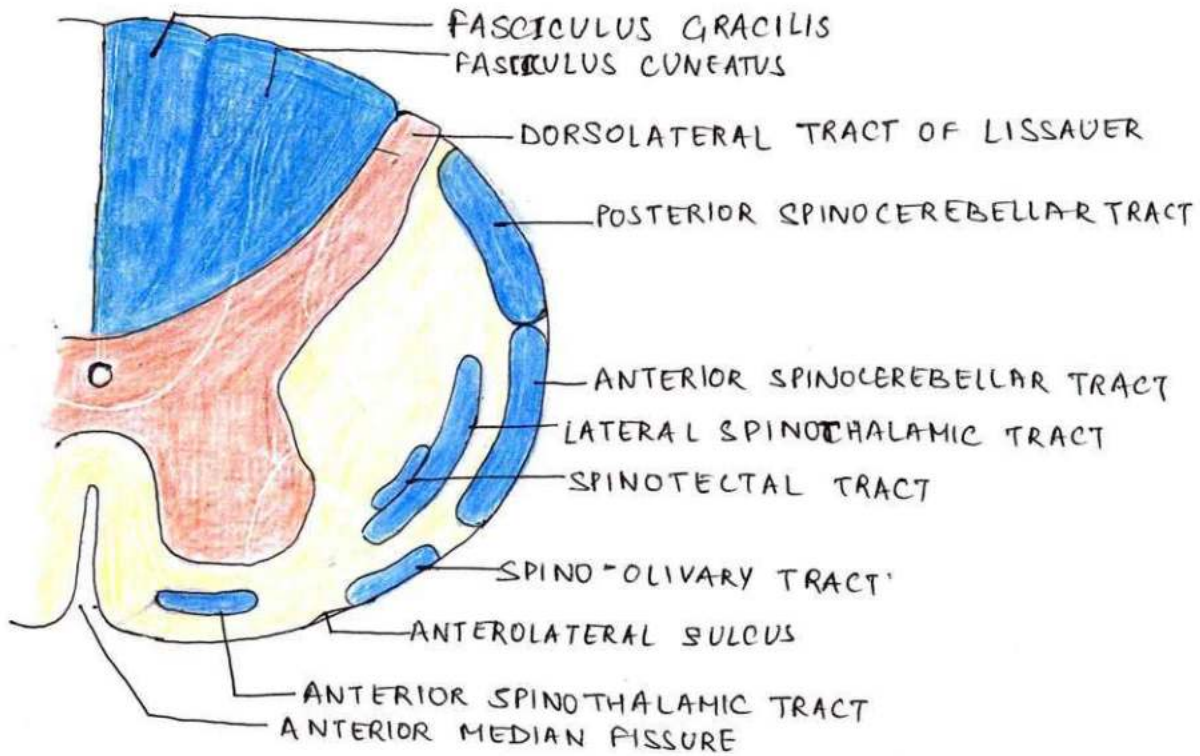


NERVE CELL GROUPS IN the POSTERIOR GRAY COLUMN



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# HEMISECTION OF THE SPINAL CORD

(BROWN-SEGUARD SYNDROME)

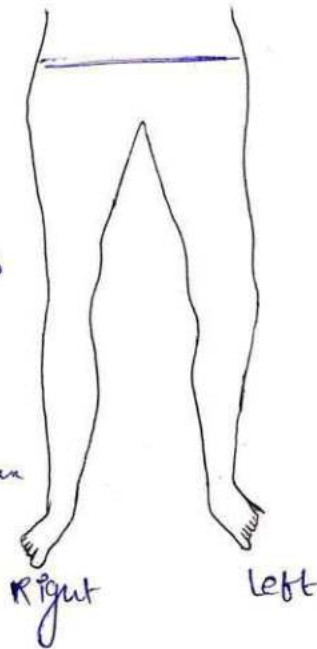
In this lesion of the spinal cord, the lateral half of the cord is damaged. This usually happens due to gunshot injury.

Changes below the level of hemisection of the spinal cord:-

Same side

**PARALYSIS**

- ① Upper motor neuron paralysis
- ② Proprioceptive sensation lost
- ③ Pain & temperature unaffected



Opposite side

**PAIN & TEMPERATURE LOSS**

- ① Almost no paralysis
- ② Proprioceptive sensation unaffected
- ③ Loss of pain & temperature



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**Index Medical College, Indore, M.P., India**



**Department of MEDICINE  
Student's Log Book  
Elective Module Block-2  
Casualty and medico-legal**

Student's name: GAURI GARG  
Date of Admission / Joining: 22/3/24 - 3/4/24  
Name of Preceptor: Dr Abha Pandit  
Name of Head of Department: Dr. S. Mourya



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## Student's Personal Details & General instructions

Student's name: GAURI GARG

Date of Birth: 22 NOV 2001

Mobile no.: 7974512583

Blood Group - B+

Father's Name - G. K. GARG

Mobile No.

Mother's Name - SAVITRI GARG

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Signature of Student:



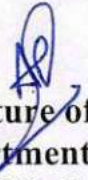
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**DEPARTMENT OF MEDICINE**

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**CERTIFICATE**


This is to certify that Mr./Miss GAURI GARG  
-----, has satisfactorily completed Electives Module  
Block-2, (title of the module: EMERGENCY MEDICINE)  
in the Department of MEDICINE, from 22/03/2024 to  
03/04/2024 at Index Medical College, Indore as per  
Regulation of Graduate Medical Education amendment  
2019.

  
Signature of Preceptor  
Department of Medicine,  
Index Medical College  
Indore

  
Signature of HOD  
Department of Medicine,  
Index Medical College,  
Indore

Signature of Dean  
Index Medical College,  
Indore



  
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### Activity Log

Sr. No.	Specific Learning Objectives (SLO) completed	Date	Signature of Preceptor
1.	Management of OP Poisoning	24/3/24	
2.	Naso-Gastric Tube	26/3/24	
3.	Lumbar puncture	27/3/24	
4.	IV Cannulation	28/3/24	
5.	Catheter	29/3/24	
6.	Management of Snake bite	30/3/24	
7.	Interpretation of ECG	31/3/24	
8.	CPR	3/3/24	
9.			
10.			



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# MANAGEMENT OF OP POISONING

→ Organophosphates are used as insecticides, medications +  
Nerve agents.

Exposure can be from drinking, breathing in vapours  
or skin exposure

The clinical manifestation are due to toxic actions of  
Acetylcholine :-

A) Muscarinic effect - due to increased postganglionic  
parasympathetic stimulation which affect pupil,  
all glands, urinary bladder + cardiac sinus node.  
a) Salivation ; (b) Lacrimation ; (c) Urination ; (d) defecation  
(e) GI disorder ; (f) Emesis.

2.) Respiratory Effect - increased bronchial secretion  
bronchoconstriction, dyspnoea + pulmonary  
edema.

[B] NICOTINIC EFFECT - Due to pre-ganglionic sympathetic  
stimulation :- causing muscular twitching ;  
cramps + fatigue

→ CVS. Tachycardia, Hypertension

[C] CNS effects - Headache, confusion, drowsiness, convulsions  
coma + depression of Resp + Cardiovascular  
centre.

#. Treatment :- 1.] General - The clothes of patient  
should be removed + body has to  
be washed with soap + water to prevent cutaneous  
absorption of poison.

If eyes are contaminated ; they should be irrigated,  
airway should be kept patent (ET intubation or tracheostomy)  
if cyanosis then O<sub>2</sub> should be given



2) Stomach Wash - stomach should be washed with 1:1000 potassium permanganate solution. or activated charcoal can be given.

3) Atropine sulphate :- act as a physiological antidote. It reverses the muscarinic effects of Acetylcholine at muscarinic receptors.

4) Oximes - they counter the nicotinic effect of OPC poisoning. PAM is most commonly available oxime given in dose of 1gm I.V slowly + repeated 50 mins if required.

→ Treatment of complication

1) Pulmonary edema - treated by throat suction; O<sub>2</sub>, I.V furosemide, Atropine till signs of atropinization

2) Respiratory paralysis - Mechanical respirators.

3) Bronchopneumonia - Chloramphenicol or Ampicillin or 3<sup>rd</sup> gen. Cephalosporin should be given 1gm 8 hourly for 8-10 days.



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# NASO-GASTRIC TUBE

Nasogastric tubes are, inserted through the nares to pass through the posterior oropharynx, down the oesophagus, and into the stomach.

A common pre-procedure maneuver is to loop the tube over one of the patient's ear and place the tip at the patient's xiphoid process and use this as an estimate for the length of the tube that should be inserted.

## Indications

- To decompress the stomach in the setting of distal obstruction
- Administer medications or nutrition
- in patients with GI bleeding
- obtaining sample of gastric contents

## Contraindications:-

- Significant facial trauma or basilar skull fractures
- Esophageal trauma
- Esophageal obstruction such as neoplasm or foreign object

Relative contraindication - Anticoagulation

## Equipment

- For decompression, the standard tube used is a double-lumen nasogastric tube.
- For administration of medications or nutrition,
- Lubricating gel
- gloves
- a cup of water



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Indication for the procedure, potential complications, alternative to treatment should be explained to the patient and an informed consent form signed.

Procedure:-

- Lubricate the tip of the tube.

- The tip is inserted directly parallel to the floor, directly towards the back of the patient's throat through the nares.
- The patient is given a cup of water with a straw in it to sip from to help ease the passage of the tube. The tube should be advanced with firm, constant pressure while the patient is sipping.
- Once the tube has been inserted an appropriate length typically around 55cm as previously noted, it should be secured to the patient's nose with tape.
- To check, pushing 50cc of air through the tube using a large syringe while auscultating the stomach with a stethoscope OR by taking a abdominal X-Ray is the best way to confirm the location of tube.

Complications -

- The most common complication is related to placement of nasogastric tubes. are discomfort, sinusitis or epistaxis.
- Blind placement of the tube in patients with injury to the cribriform plate may lead to intracranial placement of the tube.
- Prolonged use of NG tube can cause irritation of the gastric lining, causing GI bleeding, & prolonged pressure on one area of the nose can cause nasal pressure ulcers.



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# LUMBAR PUNCTURE

Lumbar puncture or spinal tap is carried out by inserting a needle into lumbar subarachnoid space to withdraw CSF.

## Indications:-

May be indicated in both for diagnostic + therapeutic reasons:-

### Diagnostic-

- Infections - encephalitis, meningitis
- Inflammatory - multiple sclerosis, GBS
- Diagnosis of Subarachnoid Hemorrhage

### Therapeutic-

- intrathecal administration of certain medications such as analgesic, chemotherapeutic agents, antibiotics.

## Contraindications

- Skin infections
- Coagulopathies
- Spinal Mass
- CNS lesions

## Equipments

Spinal needle with a stylet (20 gauge or 22 gauge needle)



collection vials

sterile syringe

Local anesthetic

syringe with needles

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- sterile gloves
- surgical cap
- mask with face shield.
- Povidine iodine solution + sponge

### Pre-procedure -

Take the written consent + explain the procedure to patient.

Position of the patient - L<sub>4</sub> and L<sub>5</sub> or L<sub>3</sub> and L<sub>4</sub> (as spinal cord ends at L<sub>1</sub>-L<sub>2</sub>).

Procedure - in either a lateral recumbent position or sitting position.

- The patient should be instructed to assume the fetal position, which involves the flexion of the spine.
- Identify the landmark once again before insertion of spinal needle.
- Clean the site with aseptic solution and drape the site.
- Inject the local anaesthesia to numb the site and spinal needle is inserted to subarachnoid space in the superior aspect of inferior spinous process in midline.
- There may be some minor resistance when passing through the ligamentum flavum, which may result in a "popping sensation".
- Stylet is removed and the specimen is collected. and then replace the stylet into the spinal needle and remove the needle.

Complication - Post-lumbar puncture headache, bleeding, infection, spinal hematoma, cerebral herniation.



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## Normal Composition

Appearance - clear + colorless

Rate of production - 500ml/day

Total volume - 140-150 ml in adults

10-60 ml in neonates

Specific gravity - 1.006-1.008

Normal pressure - 60-150 mm of H<sub>2</sub>O (adults)

10-100 mm of water (infants)

Sugar - 50-80 mg/dl

CSP - plasma glucose - 0.3-0.9

protein - 15-45 mg/dl

cells → 0-4 leucocyte/ml



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# IV CANNULATION

## Introduction

A cannula is a medical device used for various procedures including injection, withdrawal and infusion.

It consists of -

- A hollow tube with a sharp needle tip, that connects to a syringe or other medical device

It is used in fields including -

Surgery, dentistry, pulmonology, anaesthesiology

## Types of Cannulas -

They come in various sizes, materials types, each designed for specific uses. Main types are:-

- ① IV Cannulation -  
Used for administering medications, fluid and nutrients directly into a vein.
- ② Arterial Cannula -  
Used for monitoring B.P and drawing samples from arteries.
- ③ Epidural Cannula -  
Used for administering pain relief medicine into the epidural space around spinal cord.
- ④ Spinal Cannula -  
Used for administering pain relief medicine directly into spinal fluid.
- ⑤ Dental Cannula -  
Used for administering local anaesthesia and injecting dental materials.



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⑥ Surgical cannula -  
used in surgery for inserting catheter, guide wire and other medical devices.

### Uses of Cannula -

used in various medical procedures.

① Administering Medication

Used to administer medications, fluids & nutrients directly into vein or artery.

② Withdrawing blood & fluids -  
for testing or transfusion

③ Inserting catheters and guidewires  
into blood vessels or other body cavities.

④ Performing biopsy -

Collect tissue samples for biopsy

⑤ Administering Anaesthesia -

Local or regional anaesthesia.

# Benefits of Cannula - several benefits

① Minimally invasive

Cannulas are designed to minimize tissue damage and trauma

② Quick & easy insertion

Reduce procedure time

③ Precise control

Cannula's allow for precise control over the insertion depth.



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## Procedure

Insert a thin flexible tube into vein or artery performed by healthcare professionals and involve the following steps-

### ① Preparation

- Comfortable + sterile environment.
- Insertion site cleaned and prepared with anti-septic solution.
- Local anaesthesia

### ② Selection of Cannula - appropriate size + type of cannula is selected based on needs

### ③ Insertion-

- inserted through skin into vein or artery at shallow angle
- Advanced to desired location, guided by healthcare professionals feel + visualization.

### ④ Securing-

- with adhesive tape or sutures.
- Cannula is connected to syringe or infusion device

### ⑤ Maintenance -

Cannula is regularly flushed with + maintained to prevent blockage or infection.

### ⑥ Removal-

If no longer needed or if complications occur

## Potential Complication

① Infection - Bacteria can be produced.

② Bleeding or haematoma - at insertion site

③ Nerve damage - if inserted too deep or at wrong angle

④ Arterial puncture

⑤ Allergic Reaction.



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# CATHETER

## Introduction -

A catheter is a medical device used to drain or inject fluids from or into the body.

It is a thin flexible tube, made of materials such as silicone, latex or polyurethane.

## Types of Catheters

They come in various size, materials and types :-

- ① Urinary Catheter -  
used to drain urine from bladder
- ② Central venous Catheter -  
used to administer medications, fluid and nutrients directly <sup>into vein</sup> ~~from arteries~~.
- ③ Arterial Catheter -  
used to monitor B.P and draw blood samples from arteries.
- ④ Epidural Catheter -  
Pain relief medications into epidural space around spinal cord.
- ⑤ Peripherally inserted central catheters  
administer medications directly into vein.
- ⑥ Dialysis Catheter  
used for Hemodialysis
- ⑦ Cardiac Catheter  
Diagnosing and treating heart conditions.
- ⑧

Uses of Catheters

- ① Urinary drainage - The patient with urinary retention or incontinence.

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- ② Medication Administration -  
into artery or vein
- ③ fluid drainage -  
Used to drain fluids from body cavities such as chest or abdominal cavity.
- ④ B.P monitoring  
In patients with hypertension or hypotension.
- ⑤ Pain Management  
Administration of pain relief medication into epidural space or into nerve.

### ⇒ Benefits of catheterization

- Relief from urinary retention or incontinence
- Accurate monitoring of urine output.
- Administration of medication + fluids.
- Support for surgical procedures.
- management of urinary tract injuries or disease
- Improved patient comfort, dignity + Recovery.

### ⇒ Urinary Catheterization Procedure:-

#### ① Preparation -

- Explain the procedure to the patient and obtain consent.
- Ensure the patient's privacy and dignity.
- Wash hands + wear gloves.
- Clean and prepare genital areas with aseptic solution.

#### ② Insertion

- Insert catheter through the urethra into the bladder
- Advance catheter until urine flows.
- Secure catheter with tape or a catheter anchor



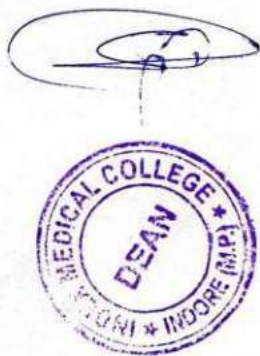
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### ③ verification

- Check urine flow and confirm catheter position.
- Monitor for any signs of complications

### Complications

- Infections (UTI)
- Bleeding or hematuria
- Catheter blockage or obstruction
- Urine leakage around catheter
- Discomfort or pain
- Allergic reactions to catheter material
- Damage to urethra or bladder



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# MANAGEMENT OF SNAKE BITE

Poisoning by the snake bite is called Ophitoxaemia. The most common major poisonous snakes in India (The big 4 snakes) are:

- 1.) Common cobra (Naja Naja)
- 2.) Common krait (Bungarus caeruleus)
- 3.) Russell Viper
- 4.) Saw-scaled viper

The others are King Cobra, Banded krait, pit viper, coral snake and sea snake.

# Signs + symptoms of snake poisoning by bite.

These depend upon various factors like

- 1.) Size, depth and number of bite
- 2.) Amount of venom injected
- 3.) The species and sizes of snake
- 4.) The individual's reaction to snake bite.

Usually, cobra bite shows more neurological symptoms, viper bite shows hemorrhagic tendencies + hepatorenal damage; sea snake are myotoxic.

→ General symptoms of Snake Bite:-

- 1.) Wound site :- Bleeding, fang marks, discoloration, burning sensation, swelling + pain.
- 2.) Central - Dizziness, fainting
- 3.) Heart + Vessels - Rapid pulse, low B.P., severe shock
- 4.) Respiratory - Breathing difficulty
- 5.) Blurring of vision, Numbness, tingling + swelling etc.

→ Management

- 1.) First aid → 1.) Reassurance.

The patient must be reassured that every snake bite is



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not poisonous & even if poisonous can be successfully treated.

- 2) Immobilization of the part - The affected part must be immobilised in a functional position (by a splint) to reduce the rate of spread of venom. No incision or suction is recommended.
- 3) Tourniquet - (Only in case of krait bite). - The site of bite should be lightly wiped by a clean cloth like handkerchief should be firmly tied 5cm above bite. The tourniquet should be tightly tied enough to occlude lymphatics but not the arterial or venous circulation. It should be released every 15 mins - 20 mins for 1-2 hrs & Reapplied just proximal to edematous area.
- 4) Transport - The patient must be transported to nearest medical centre. The snake must be identified & preserved. If it is dead it should be carried to hospital along with patient.

MEDICAL - 1) On admission in hospital - IV line should be established, TT should be given

2) Mandatory observation for 24 hrs (as krait victims sometimes show delayed onset of signs)

3) Anti-venom therapy - passive immunotherapy is effective only if venom is circulating in body & has not fixed to the tissue. polyvalent anti-venom should be given I.V for maximum effect within 24 hrs of bite.

(Most effective within 4 hrs)

- 4) Antibiotics broad spectrum like ampicillin, tetracycline giving 4 times a day (for infection)
- 5) Fluids, electrolyte, diuretic to manage hypovolemia fluid overload, & cardiac complication.



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6.) Analgesics - may be required for pain [Aspirin 300mg TDS]

7.) Blood constituents - In hypovolemia, plasma, its substitutes or albumin may be given.

## Treatment of Complication

1.) Shock - Hypovolemia shock is best treated with 5% Albumin which is superior to Glucose or Saline solution.

2.) Acute Renal failure - restoration of fluid + electrolyte balance and administration of 200-500mg furosemide or 300cc of 20% Mannitol.

3.) Respiratory failure - Requires ventilation with a respiratory or Ambu bag + proper control of blood gas.



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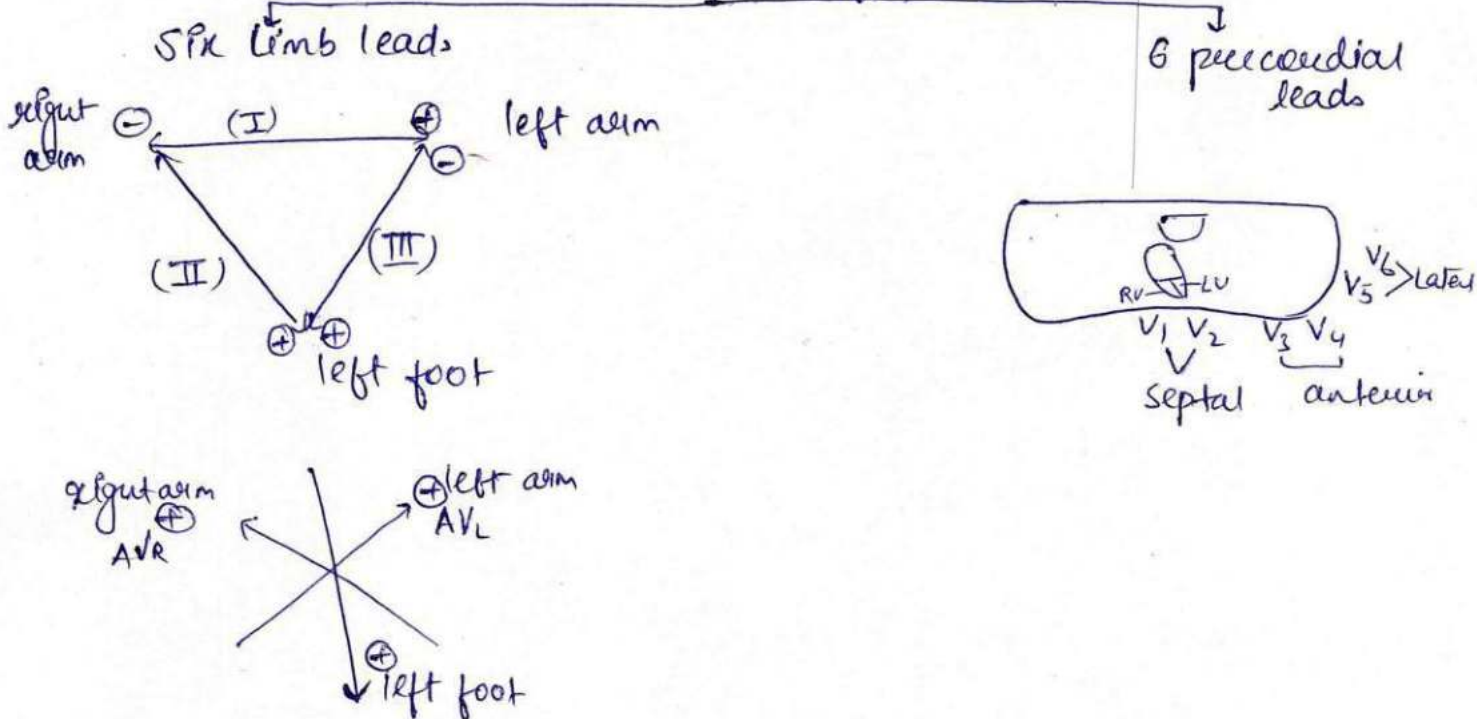
# Interpretations of ECG - Basis

The ECG or Electrocardiogram is the representation of electrical events of the cardiac cycle.

ECG leads:-

- Has 12 leads
- 3 - Standard leads
- 3 - Augmented leads
- 6 - precordial leads

## Placement of leads



The ECG paper speed - 25 mm/sec

Horizontally

- one small box - 0.04 sec
- one large box - 0.2 sec

vertically - one large box - 0.5 mV

## Steps in reading an ECG

- 1) Calculate rate
- 2) Determine Rhythm
- 3) Determine QRS Complex
- 4) Check individual waves
- 5) Calculate intervals
- 6) assess for hypertrophy



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⑦ Look for evidence of infarction  
for heart rate

Regular rhythm

Count the number of  
big boxes & divide  
it by 300

OR Count the number of  
small boxes between  
QRS complex & divide  
it into 1500

Irregular rhythm

since ECG records  
rhythm for 10 sec

Count the number  
of beats present.  
on ECG by 6.

### Determine rhythm

look for R-R distance, are P wave present & each QRS  
is followed by P & each P followed by a QRS.

Is it, regular

- occasionally irregular
- Regularly irregular
- Irregularly irregular → atrial fibrillation.

### QRS axis -

The axis represents overall direction of the heart's  
electrical activity

abnormalities.

- Ventricular enlargement
- conduction blocks.

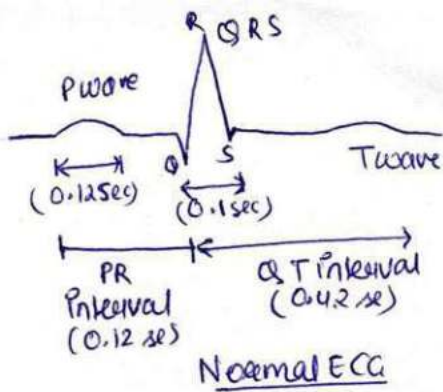
### Determining the axis

Normal - I ⊕ deflection & aVF ⊕ deflection  
left axis deviation - I ⊕ deflection + aVF ⊖ deflection  
left axis deviation - I ⊖ deflection  
aVF ⊖ deflection



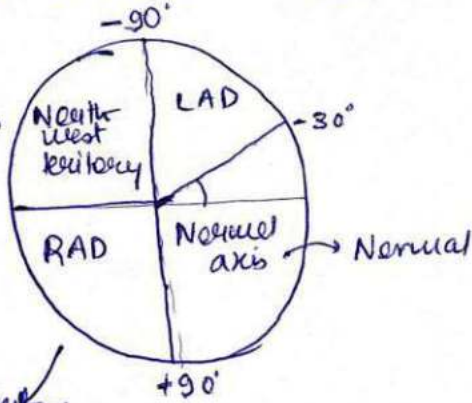
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Malwanchal University  
Bhopal (M.P.)





The axis & its deviation : Cause

- Hyperkalemia
- Lead transposition
- ventricular tachycardia + 180°
- emphysema

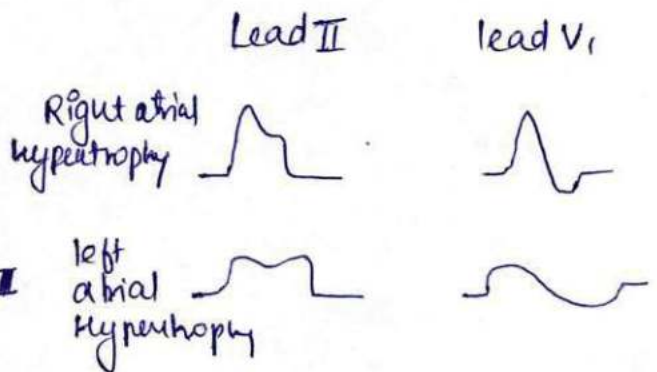


- Left ventricular hypertrophy
- Hyperkalemia
- artificial cardiac pacing

Right ventricular hypertrophy  
 atrial septal defect  
 ventricle septal defect

P wave

- First deflection activation of atria
- smooth & Round
- 2.5 X 2.5 small square
- always positive in lead I + II
- Always negative in aVR
- Biphasic in lead V<sub>1</sub>



Abnormalities:-

- Tall (>2.5mm) peaked p-wave (p-pulmonale) seen in COPD, TS, ASD
- Notched (m-shaped) (p-mitrale)
- Prolonged p-wave
- fibrillation / flutter



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- Inverted p-wave in lead II  
Dextrocardia

## QRS - Complex

- Ventricular depolarisation
- Normal =  $< 0.12$  sec
- $> 0.12$  sec - Conduction block

Q wave  
first negative  
deflection

R wave  
first positive  
deflection

S-wave  
next negative  
deflection

## T-wave

- Repolarisation of ventricle
- Should less than  $2/3$  of amplitude of the R
- Tall T wave seen in hyperkalemia
- Causes of T wave inversion - CAD / ischemia & Cardiomyopathies

## Intervals

### PR interval

- Start of p-wave to start of QRS wave
- $0.12 - 0.2$  sec
- If decreased means there can be accessory pathway
- Increased indicated AV block.

### QT interval

- Time taken for ventricles to repolarise following depolarisation.
- $0.35 - 0.45$  sec
- prolonged - Torsades de pointes
- short - hyperkalemia, digoxin

## HYPERTROPHY



- LVH  
 $SV_1 + RV_5 \text{ or } V_6 > 35 \text{ mm}$   
 $aVL - R > 11 \text{ mm}$

### RVH

Tall R in V<sub>1</sub>, with  $R > S$   
or  $R/S > 1$

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# ST segments

ST segment is flat i.e. isoelectric  
 Important for localising myocardial infarct

In STEMI,

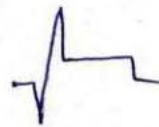
ST elevation  $\geq 2$  chest leads  $> 2$  mm elevation

ST elevation  $\geq 2$  limb leads  $> 1$  mm elevation

or Q-wave  $> 0.04$  sec

In NON-STEMI

Only T-wave inversion + ST depression is seen  
 variable shapes of ST-segment elevations.



Location of MI

lead with ST change

affected coronary artery

anterior septum

V<sub>1</sub> V<sub>2</sub> V<sub>3</sub> V<sub>4</sub> }  
 V<sub>1</sub> V<sub>2</sub> }

LAD

left lateral

I, aVL, V<sub>5</sub>, V<sub>6</sub>

→ left circumflex

superior

II, III, aVF

Right atrium

aVR, V<sub>1</sub>

Posterior

Posterior chest lead

} RCA

Right ventricle

Right sided leads

## HEART BLOCKS

Heart block

• first degree

PR interval  $> 560$  ms

or  $> 0.20$  sec



Bundle branch block (BBB)

left BBB  
 left ventricle contract later than RV



W-shaped



M-shaped

Right BBB  
 Right ventricle contract later than LV



M-shaped

W-shaped

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 Maharashtra University  
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- second degree mobitz type I  
PR interval lengthens until there is a beat drop.

- mobitz type 2

PR constant periodically no conduction between atria & ventricle

- ~~mobitz~~ third degree or complete heart block

No relation between p + q wave between p + q wave

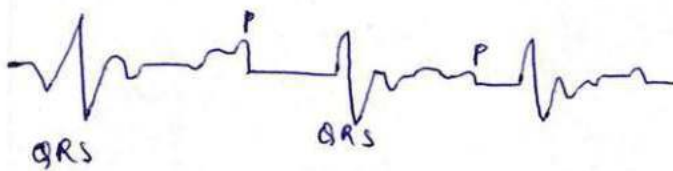
Mobitz type I second degree heart block



Mobitz type II : 3:1 phenomenon



Complete heart block - third degree HB



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# Cardio Pulmonary Cerebral Resuscitation

## Introduction

Cardiopulmonary cerebral resuscitation is an emergency life saving procedure. It provides artificial ventilation and perfusion to the vital organs.

BLS - consists of maneuvers purpose of which is to maintain a low level of circulation until more definitive treatment with advanced life support can be provided.

Change from A-B-C to C-A-B → CPR includes four sequential: Circulation, Airway, breathing and defibrillator

## PHASES OF LIFE SUPPORT-

Phase	Steps
Phase 1 - BLS	Circulation, airway & breathing
Phase 2 - ALS	drugs, ECG - fibrillation
Phase 3 - prolonged life support.	post resuscitation care

→ causes of cardio-respiratory arrest:-

### (A) Acute Condition -

1. Drowning
2. Anaphylactic shock
3. Coronary thrombosis
4. Cardiac surgery
5. Electrocution
6. poisoning with drugs
7. Head injury

Chronic conditions:-

- ① chronic lung disease



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## ② Congestive heart failure.

### Signs & Symptoms -

- dizziness, faintness, unconscious,
- weak or no pulse
- BP cannot be recorded
- dilation of pupil

→ First aid - Ensure airways clean

- extend the neck so that tongue does not fall back
- All tight clothing should be removed.
- In case, of drowning turn the patient upside down
- Procedure -

### Pulmonary resuscitation:-

Start quickly. Can be divided into manual & mechanical method.

### ① Mouth to Mouth breathing -

subject is made to lie supine, clear the airway and extend the neck, close the nostril with index finger and thumb of the hand maintain the chin left. Make a deep inspiration apply your mouth to subjects mouth & exhale forcefully.

Take your mouth off the subject.

look for chest expansion and gastric distention  
Allow the subject to breathe out.

Take next breathe, maintain rate of 10-12 breaths/min

### Other Methods:-

1. Hoberg-Neefus method
  2. Sylvester method
- } manual

### Mechanical method

- 1) Drinker method
- 2) Paul-Burnett method
- 3) Sawsaw/Rocking method



*Sankar*  
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## (B) CARDIAC RESUSCITATION

### External cardiac Massage

- 1) Place patient on hard surface in supine
  - 2) uncover subject identify inter-mammary line.
  - 3) Place palm of one hand in concavity of lower half of sternum and fingers above xiphoid process.  
The other hand is placed over the hand over sternum.
  - 4) Shoulders should be positioned directly over the hands with the elbow locked straight and arm extended.  
Use your upper body wt. to compress.
  - 5) Sternum must be depressed atleast 5cm in adult and 2-4cm in children
  - 6) push hand + fast at a rate of 100-120/min, during CPR  
Chest compressions: ventilation ratio should be 30:2
  - 7) In double rescuer chest compression must not be interrupted for ventilation.
  - 8) Chest Compression should be continued for 2 min before reassessmt of cardiac rhythm.
- \* Assessment of adequacy of Chest Compression -
- SBP = 60/80 mm Hg
  - DBP = 50 mm Hg
  - COP = 30% of normal

### COMPLICATIONS

- 1) Fracture of Rib / Sternum
- 2) Rib separation
- 3) Pneumothorax
- 4) Hemothorax
- 5) Lung Contusion
- 6) Liver laceration
- 7) Fat emboli

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### INDICATION OF TERMINATION OF BASIC LIFE SUPPORT

- Pulse + Respiration return - emergency medical help arise
- Physician declares patient is dead
- The rescuer is exhausted and physically unable to perform BLS.



## ADVANCED LIFE SUPPORT

The purpose is to restore normal cardiac rhythm by defibrillation when the cause is tachyarrhythmia and restore cardiac output by correcting other causes of cardiac arrest.

It includes -

- Circulation by cardiac massage
- Airway management by equipment
- Breathing by advanced technique
- Defibrillation by manual defibrillator
- Drugs

Rhythm in cardiac arrest may be -

- Shockable - ventricular tachycardia or fibrillation
- Non-shockable - (Asystole & pulseless activity)

Rhythm should be performed only after 2 mins of CPR and not immediately following defibrillation attempt.

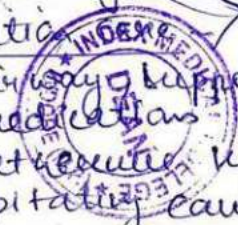
→ Defibrillation completely depolarise all myocardial cells SA node can be re-established as pacemaker voltage of electricity discharge high from 150J to 360J. Continue CPR for 2 mins and briefly check the monitor for rhythm. If VT/VF persist give second shock and resume CPR.

- Drugs -

- 1) Adrenaline - given as vasopressor. Dose - 1mg I.V every 4 mins
- 2) Amiodarone - given in shockable rhythm after the 3<sup>rd</sup> shock. Dose is 300mg I.V bolus (3mg/kg)
- 3) Vasopressin (ADH) - 40-20 secy dose once
- 4) Magnesium sulphate - given in VT/VF with hypomagnesaemia, Torsade pointe, Digoxin toxicity [2gm I.V]
- 5) Calcium - 10ml / 10% Calcium chloride I.V
- 6) Thrombolytic given when cardiac arrest is caused by embolism.
- 7) Atropine - use in pulseless electrical activity.
- 8) I.V fluid - if hypotension is suspected.

Post Resuscitation

- Maintain Airway & support breathing, continue cardiac monitoring
- Vasopressor medications
- Avoid Hypertension, hyperglycaemia
- Treat precipitating cause of Cardiac arrest.



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# MARK SHEET

**B.Pharma II Sem**

ENROLLMENT NO. : MU22U08BPH049

ROLL NO. : 232BPRMMBC46

STUDENT NAME : BABITA AJMERA

FATHER'S NAME : KAILASH AJMERA

ATTEMPT : FIRST

MOTHER'S NAME : SANGEETA AJMERA

CONSTITUENT UNIT : INDEX INSTITUTE OF PHARMACY

EXAM : JULY-2023

S. No.	SUBJECT CODE	SUBJECT	TYPE	CREDITS	GRADE AWARDED	CREDIT POINTS EARNED
1	BP201T	HUMAN ANATOMY and PHYSIOLOGY II	Theory	4	C	28
2	BP202T	PHARMACEUTICAL ORGANIC CHEMISTRY I	Theory	4	B	32
3	BP203T	BIOCHEMISTRY	Theory	4	A	36
4	BP204T	PATHOPHYSIOLOGY	Theory	4	B	32
5	BP205T	COMPUTER APPLICATION IN PHARMACY	Theory	3	A	27
6	BP206T	ENVIRONMENTAL SCIENCES	Theory	3	A	27
7	BP207P	HUMAN ANATOMY and PHYSIOLOGY II	Practical	2	B	16
8	BP208P	PHARMACEUTICAL ORGANIC CHEMISTRY I	Practical	2	C	14
9	BP209P	BIOCHEMISTRY	Practical	2	A	18
10	BP210P	COMPUTER APPLICATION IN PHARMACY	Practical	1	B	8
<b>TOTAL</b>				<b>29</b>		<b>238</b>

SGPA : 8.21

RESULT : PASS

SEMESTER	I	II	III	IV	V	VI	VII	VIII
EXAM	JANUARY-2023	JULY-2023						
RESULT	PASS	PASS	-	-	-	-	-	-
CREDIT EARNED	29	29	-	-	-	-	-	-
SGPA	7.62	8.21	-	-	-	-	-	-

CGPA : 7.92 DIVISION :

FINAL RESULT :

*[Signature]*  
**Principal** Malwanchal University  
 Index Institute of Pharmacy Indore (M.P.)  
 Malwanchal University,  
 INDORE



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Date of Issue

03/01/2024

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**Registrar**  
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## MARK SHEET

B.Pharma II Sem

ENROLLMENT NO. : MU22U08BPH042

ROLL NO. : 232BPRMMB039

STUDENT NAME : VISHAL THAKORE

ATTEMPT : FIRST

FATHER'S NAME : VEETRAG THAKORE

MOTHER'S NAME : KAVITA THAKORE

CONSTITUENT UNIT : INDEX INSTITUTE OF PHARMACY

EXAM : JULY-2023

S. No.	SUBJECT CODE	SUBJECT	TYPE	CREDITS	GRADE AWARDED	CREDIT POINT EARNED
1	BP201T	HUMAN ANATOMY and PHYSIOLOGY II	Theory	4	D	24
2	BP202T	PHARMACEUTICAL ORGANIC CHEMISTRY I	Theory	4	D	24
3	BP203T	BIOCHEMISTRY	Theory	4	B	32
4	BP204T	PATHOPHYSIOLOGY	Theory	4	C	23
5	BP205T	COMPUTER APPLICATION IN PHARMACY	Theory	3	C	21
6	BP206T	ENVIRONMENTAL SCIENCES	Theory	3	D	18
7	BP207P	HUMAN ANATOMY and PHYSIOLOGY II	Practical	2	C	14
8	BP208P	PHARMACEUTICAL ORGANIC CHEMISTRY I	Practical	2	C	14
9	BP209P	BIOCHEMISTRY	Practical	2	D	12
10	BP210P	COMPUTER APPLICATION IN PHARMACY	Practical	1	C	7
<b>TOTAL</b>				<b>29</b>		<b>194</b>

RESULT : PASS

SGPA : 6.69

SEMESTER	I	II	III	IV	V	VI	VII	VIII
EXAM	JANUARY 2023	JULY 2023						
RESULT	PASS	PASS	-	-	-	-	-	-
CREDIT EARNED	29	29	-	-	-	-	-	-
SGPA	7.00	6.69	-	-	-	-	-	-
FINAL RESULT :	CGPA : 6.85		DIVISION :					

Date of Issue

03/01/2024



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## MARK SHEET

B.Pharma II Sem

ENROLLMENT NO. : MU22U08BPH020

ROLL NO. : 232BPRMMB019

STUDENT NAME : NIKHIL YADAV

FATHER'S NAME : SAKHVEER SINGH YADAV

ATTEMPT : FIRST

MOTHER'S NAME : SHIVKUMARI YADAV

CONSTITUENT UNIT : INDEX INSTITUTE OF PHARMACY

EXAM : JULY-2023

S No.	SUBJECT CODE	SUBJECT	TYPE	CREDITS	GRADE AWARDED	CREDIT POINT EARNED
1	BP201T	HUMAN ANATOMY and PHYSIOLOGY II	Theory	4	C	16
2	BP202T	PHARMACEUTICAL ORGANIC CHEMISTRY I	Theory	4	C	16
3	BP203T	BIOCHEMISTRY	Theory	4	C	16
4	BP204T	PATHOPHYSIOLOGY	Theory	4	D	14
5	BP205T	COMPUTER APPLICATION IN PHARMACY	Theory	3	A	12
6	BP206T	ENVIRONMENTAL SCIENCES	Theory	3	C	12
7	BP207P	HUMAN ANATOMY and PHYSIOLOGY II	Practical	2	C	8
8	BP208P	PHARMACEUTICAL ORGANIC CHEMISTRY I	Practical	2	B	8
9	BP209P	BIOCHEMISTRY	Practical	2	B	8
10	BP210P	COMPUTER APPLICATION IN PHARMACY	Practical	1	A	4
<b>TOTAL</b>				<b>29</b>		<b>211</b>

RESULT : PASS

SGPA : 7.28

SEMESTER	I	II	III	IV	V	VI	VII	VIII
EXAM	JAN. - APR. 2023	MAY - JULY 2023						
RESULT	PASS	PASS	-	-	-	-	-	-
CREDIT EARNED	30	29	-	-	-	-	-	-
SGPA	7.53	7.28	-	-	-	-	-	-
<b>FINAL RESULT :</b>		CGPA : 7.41		DIVISION :				

Date of Issue 03/01/2024



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## MARK SHEET

### BACHELOR OF PHARMACY - FIRST SEMESTER

ENROLLMENT NO. : MU23U08BPH032  
STUDENT NAME : PRINCE KUSHWAH  
FATHER'S NAME : MUKESH KUSHWAH  
MOTHER'S NAME : RADHA KUSHWAH  
CONSTITUENT UNIT : INDEX INSTITUTE OF PHARMACY

ROLL NO. : 241BPRMMA032  
ATTEMPT : FIRST  
EXAM : FEBRUARY-2024

SUBJECT CODE	SUBJECT	TYPE	CREDITS	GRADE AWARDED	CREDIT POINT EARNED
BP101T	HUMAN ANATOMY AND PHYSIOLOGY I	Theory	4	C	28
BP102T	PHARMACEUTICAL ANALYSIS I	Theory	4	C	28
BP103T	PHARMACEUTICS I	Theory	4	C	28
BP104T	PHARMACEUTICAL INORGANIC CHEMISTRY	Theory	4	B	32
BP105T	COMMUNICATION SKILLS	Theory	2	C	14
BP106RMT	REMEDIAL MATHEMATICS	Theory	2	C	14
BP107P	HUMAN ANATOMY AND PHYSIOLOGY	Practical	2	B	16
BP108P	PHARMACEUTICAL ANALYSIS I	Practical	2	B	16
BP109P	PHARMACEUTICS I	Practical	2	B	16
BP110P	PHARMACEUTICAL INORGANIC CHEMISTRY	Practical	2	B	16
BP111P	COMMUNICATION SKILLS	Practical	1	B	8
TOTAL			29		216

RESULT : PASS SGPA : 7.45

SEMESTER	I	II	III	IV	V	VI	VII	VIII
EXAM	FEBRUARY-2024							
RESULT	PASS	-	-	-	-	-	-	-
CREDIT EARNED	29	-	-	-	-	-	-	-
SGPA	7.45	-	-	-	-	-	-	-

FINAL RESULT : CGPA : 7.45 DIVISION :

Date of Issue

02/07/2024



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Malwanchal University  
Indore (M.P.)

Sl. NO 182552



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## MARK SHEET

### BACHELOR OF PHARMACY- FIRST SEMESTER

ENROLLMENT NO. : MU23U08BP11054 ROLL NO. : 2418PRMMA054  
 STUDENT NAME : SNEHA RATHORE ATTEMPT : FIRST  
 FATHER'S NAME : HEMANT RATHORE EXAM : FEBRUARY-2024  
 MOTHER'S NAME : SANJU BAI  
 CONSTITUENT UNIT : INDEX INSTITUTE OF PHARMACY

SUBJECT CODE	SUBJECT	TYPE	CREDITS	GRADE AWARDED	CREDIT POINT EARNED
BP101T	HUMAN ANATOMY AND PHYSIOLOGY I	Theory	4	C	28
BP102T	PHARMACEUTICAL ANALYSIS I	Theory	4	D	24
BP103T	PHARMACEUTICS I	Theory	4	B	32
BP104T	PHARMACEUTICAL INORGANIC CHEMISTRY	Theory	4	A	30
BP105T	COMMUNICATION SKILLS	Theory	2	B	16
BP106RMT	REMEDIAL MATHEMATICS	Theory	2	A	18
BP107P	HUMAN ANATOMY AND PHYSIOLOGY	Practical	2	A	18
BP108P	PHARMACEUTICAL ANALYSIS I	Practical	2	A	18
BP109P	PHARMACEUTICS I	Practical	2	A	18
BP110P	PHARMACEUTICAL INORGANIC CHEMISTRY	Practical	2	A	18
BP111P	COMMUNICATION SKILLS	Practical	1	B	8
<b>TOTAL</b>			<b>29</b>		<b>234</b>

RESULT : PASS SGPA : 8.07

SEMESTER	I	II	III	IV	V	VI	VII	VIII
EXAM	FEBRUARY-2024							
RESULT	PASS	-	-	-	-	-	-	-
CREDIT EARNED	29	-	-	-	-	-	-	-
SGPA	8.07	-	-	-	-	-	-	-

FINAL RESULT : CGPA : 8.07 DIVISION :

Date of Issue 02/07/2024



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 Indore (M.P.)

Registrar

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## MARK SHEET

### BACHELOR OF PHARMACY- FIRST SEMESTER

ENROLLMENT NO. : MU23U08BPH056  
 STUDENT NAME : SUHANI YADAV ROLL NO. 241BPRMMA056  
 FATHER'S NAME : JAGDISH YADAV ATTEMPT : FIRST  
 MOTHER'S NAME : BARKHA YADAV  
 CONSTITUENT UNIT : INDEX INSTITUTE OF PHARMACY EXAM : FEBRUARY-2024

SUBJECT CODE	SUBJECT	TYPE	CREDITS	GRADE AWARDED	CREDIT POINT EARNED
BP101T	HUMAN ANATOMY AND PHYSIOLOGY I	Theory	4	B	32
BP102T	PHARMACEUTICAL ANALYSIS I	Theory	4	D	24
BP103T	PHARMACEUTICS I	Theory	4	C	28
BP104T	PHARMACEUTICAL INORGANIC CHEMISTRY	Theory	4	A	36
BP105T	COMMUNICATION SKILLS	Theory	2	B	16
BP106RMT	REMEDIAL MATHEMATICS	Theory	2	B	16
BP107P	HUMAN ANATOMY AND PHYSIOLOGY	Practical	2	A	18
BP108P	PHARMACEUTICAL ANALYSIS I	Practical	2	B	16
BP109P	PHARMACEUTICS I	Practical	2	A	18
BP110P	PHARMACEUTICAL INORGANIC CHEMISTRY	Practical	2	A	18
BP111P	COMMUNICATION SKILLS	Practical	1	B	8
<b>TOTAL</b>			<b>29</b>		<b>230</b>

RESULT : PASS SGPA : 7.93

SEMESTER	I	II	III	IV	V	VI	VII	VIII
EXAM	FEBRUARY-2024							
RESULT	PASS	.	.	.	.	.	.	.
CREDIT EARNED	29	.	.	.	.	.	.	.
SGPA	7.93	.	.	.	.	.	.	.

FINAL RESULT : CGPA : 7.93 DIVISION :

*[Signature]*  
 Principal  
 Index Institute of Pharmacy  
 Malwanchal University  
 INDORE

**Registrar**  
 Malwanchal University  
 Indore (M.P.)

*[Signature]*  
 Checked by

**Registrar**  
 Malwanchal University  
 Indore (M.P.)

02/07/2024

Date of Issue